

Recommendations for the Study Commission on Aging

Approved 12/3/08

Recommendation 1: Strengthen Disaster Planning for Long-Term Care Facilities

In response to the Disability and Elderly Emergency Management (DEEM) Task Force recommendations, the Study Commission on Aging recommends that the General Assembly direct the Division of Health Service Regulation, Department of Health and Human Services, to review the DEEM recommendations, take appropriate action to strengthen disaster planning and disaster preparedness for long-term care facilities, and to report to the Study Commission on Aging and the Joint Select Committee on Emergency Preparedness and Disaster Management Recovery, on or before March 1, 2009.

Recommendation 2: Additional HCCBG Funds

The Study Commission on Aging recommends that the General Assembly appropriate an additional \$2,500,000 for both FY 2009-2010 and FY 2010-2011 to the Division of Aging and Adult Services, Department of Health and Human Services, for the Home and Community Care Block Grant (HCCBG).

Recommendation 3: Senior Center Funding

The Study Commission on Aging recommends that the General Assembly appropriate an additional \$750,000 for both FY 2009-2010 and FY 2010-2011 to the Division of Aging and Adult Services, Department of Health and Human Services for certified senior centers.

Recommendation 4: Adult Protective Services Pilot Program

The Study Commission on Aging recommends that the General Assembly appropriate \$2,208,763 for FY 2009-2010 and \$2,162,409 for FY 2010-2011 to the Division of Aging and Adult Services, Department of Health and Human Services, to fund a two-year pilot program to assess proposed changes to the adult protective services statutes, and require the Division to make an interim report in April 2010, and a final report on the evaluation of the pilot by October 1, 2011.

Recommendation 5: Special Care Dentistry

5a. The Study Commission on Aging supports continued efforts by the Division of Medical Assistance, Department of Health and Human Services, to increase the number of dental care providers serving special care populations.

5b. The Study Commission on Aging recommends that the General Assembly direct the Division of Medical Assistance, Division of Public Health, and the Division of Aging and Adult Services, Department of Health and Human Services, to collaborate with the UNC and ECU Schools of Dentistry, the North Carolina Dental Society, and current special care providers to examine the limited dental care options for special care populations and to make recommendations for improvement to the Study Commission on Aging and the Public Health Study Commission on or before February 1, 2010.

5c. The Study Commission on Aging recommends that the General Assembly appropriate \$200,000 for both FY 2009-2010 and FY 2010-2011, to the Division of Public Health, Department of Health and Human Services, to purchase an additional mobile dental unit in each fiscal year for a new or existing non-profit mobile dental care provider who must operate the mobile dental unit to serve special care populations, the frail elderly, and developmentally disabled, in geographic areas of the State that are not currently served by mobile dental units.

Recommendation 6: Adult Day Care Reimbursement Rate Increase

The Study Commission on Aging recommends that the General Assembly appropriate an additional \$1,059,561 for both FY 2009-2010 and FY 2010-2011, to the Division of Aging and Adult Services, Department of Health and Human Services to provide a \$5.00 per day rate increase for adult day care and adult day health care.

Recommendation 7: Funds for Project C.A.R.E.

The Study Commission on Aging recommends that the General Assembly appropriate \$500,000 for both FY 2009-2010 and FY 2010-2011, to the Division of Aging and Adult Services, Department of Health and Human Services, to fund Project C.A.R.E. with the intent that this funding shall become part of the continuation budget.

Recommendation 8: Preparing for Increased Numbers of Older Adults

The Study Commission on Aging recommends that the UNC Institute on Aging and the Division of Aging and Adult Services, Department of Health and Human Services, take a leadership role in helping North Carolina prepare for increased numbers of older adults by: 1) organizing and facilitating meetings of gerontologists, researchers, county representatives, directors of Area Agencies on Aging, and providers of State services, to collectively identify and prioritize issues the State needs to address; and 2) working with the Association of County Commissioners, the UNC School of Government, higher education departments of municipal and regional planning and their partners, and Area Agencies on Aging to establish a website containing: a) information on fostering retiree and volunteer involvement, and b) models of local planning efforts, in order to assist municipalities in addressing accessibility and service delivery for increasing numbers of older adults. The Institute on Aging and the Division of Aging and Adult Services shall make progress reports to the Governor and the Study Commission on Aging on or before March 1, 2009, and on or before November 1, 2009.

Recommendation 9: Adult Care Home Mixed Population Workgroup

The Study Commission on Aging recommends that the General Assembly direct the Division of Health Service Regulation and the Division of Aging and Adult Services, Department of Health and Human Services, to assemble a workgroup of adult care home specialists and long-term care ombudsmen that work with adult care homes serving significant populations of both mentally ill residents and the frail elderly, to develop short-term and long-term strategies for improving the quality of care for all residents, and to make recommendations to the Study Commission on Aging on or before August 1, 2010.

Recommendation 10: Adult Care Home Quality Improvement Pilot Program on Medication Safety

The Study Commission on Aging recommends that the General Assembly direct the Division of Aging and Adult Services, Department of Health and Human Services, for FY 2009-2010 and FY 2010-2011, to use the recurring funding associated with the Adult Care Home Quality Improvement Program to accomplish the following: 1) a post pilot analysis to determine whether medication safety is sustained after the initial phases of the medication safety pilot program and to develop findings on what fosters or prohibits sustained improvements; 2) utilization of the lessons learned from this medication safety pilot to deliver medication safety training sessions, train the trainer programs, or online training in adult care homes that did not participate in the pilot program; 3) evaluation of the effectiveness of this training; and 4) an interim report to the Study Commission on Aging on or before February 1, 2010, with a final report due on or before October 1, 2010.

Background for DRAFT Recommendations for the Study Commission on Aging

12/1/08

Recommendation 1: Strengthen Disaster Planning for Long-Term Care Facilities

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Background 1: Strengthen Disaster Planning for Long-Term Care Facilities

During the September 24, 2008 meeting, the Study Commission on Aging heard a presentation on recommendations from the Disability and Elderly Emergency Management (DEEM) Task Force. The DEEM Initiative was co-chaired by Secretary Brian Beatty, Department of Crime Control and Public Safety, Secretary Dempsey Benton, Department of Health and Human Services, and Allison Breedlove, Disability Advocate. The work of the DEEM Task Force was designed to coincide with Sections 1 and 2 of S.L. 2008-162 (HB 2432) which directed the Division of Emergency Management, in consultation with the North Carolina Association of County Commissioners, to study and develop plans to enhance disaster management capabilities at the county level. The Disability and Elderly Emergency Management's Report of Recommendations contains 16 recommendations including the following two:

- Recommendation 15, Improve Long-Term Care Facility Disaster Planning, contains the following suggested actions:
 - The term "appropriate agency" should be clarified within the current rule for Mental Health, Developmental Disabilities and Substance Abuse Services (MH/DD/SA) facilities.
 - Require long-term care facilities to use the North Carolina Health Care Facilities Association's "All Hazards Planning and Resource Manual" as a template for hazards planning.
 - Document distribution of their current disaster plan to residents and caregivers.
 - Submit plans to explain under what circumstances a long-term care facility would need to shelter-in-place.
 - Require long-term care facilities to maintain generator(s) with adequate fuel, and a full supply of medicine, water and food for at least 72 hours for each resident.
- Recommendation 16, Improve Disaster Resistance of Facilities, contains suggested actions to prohibit the construction of long-term care facilities in storm surge areas, near industrial plants containing hazardous chemicals or radioactive materials, or in otherwise disaster-prone locations. The report recommends a legislative study commission be appointed to review regulations, rules, and laws. However, it is possible that this process can be begun by the Division of Health Service Regulation through an examination of the scope of the problem with regard to facilities currently in operation, by looking at what other states might do with regard to facility construction, and a review of current building code requirements impact this issue.

The Study Commission on Aging recommends that the General Assembly require the Division of Health Service Regulation, Department of Health and Human Services, to review the DEEM recommendations and take appropriate action to strengthen disaster planning and disaster preparedness for long-term care facilities and to report to the Study Commission on Aging and the Joint Select Committee on Emergency Preparedness and Disaster Management Recovery.

Recommendation 2: Additional HCCBG Funds

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The Study Commission on Aging recommends that the General Assembly appropriate an additional \$2,500,000 for both FY 2009-2010 and FY 2010-2011 to the Division of Aging and Adult Services, Department of Health and Human Services, for the Home and Community Care Block Grant (HCCBG).

Background 2: Additional HCCBG Funds

During the September 24, 2008 meeting, the Study Commission on Aging heard an update from the Division of Aging and Adult Services, Department of Health and Human Services, on the Home and Community Care Block Grant (HCCBG). The Commission also heard from representatives in Randolph County and Wake County and from the Association of County Commissioners about the importance of this program to elderly citizens in North Carolina. At this meeting, the Commission also learned that the 2008 General Assembly approved \$2,000,000 in additional funding for the HCCBG for the 2007-2008 fiscal year.

The HCCBG, established by G.S.143B-181.1(a)(11), includes federal funds, State funds, local funds, and a consumer contribution component. It gives counties discretion, flexibility, and authority in determining services, service levels, and service providers; and streamlines and simplifies the administration of services. The focus of the HCCBG is to support the frail elderly that are cared for at home; improve and maintain the physical and mental health of older adults; assist older adults and their caregivers with accessing services and information; provide relief to family caregivers so that they can continue their caregiving; and allow older adults to remain actively engaged with their communities.

With input from older adults, County Commissioners approve an annual funding plan that defines services to be provided, the funding levels for these services, and the community service agencies to provide these services. Counties can select from among 18 eligible services including: Adult Day Care, Adult Day Health Care, Care Management, Congregate Nutrition, Group Respite, Health Promotion and Disease Prevention, Health Screening, Home Delivered Meals, Housing and Home Improvement, Information and Assistance, In-Home Aide, Institutional Respite Care, Mental Health Counseling, Senior Center Operations, Senior Companion, Skilled Home (Health) Care, Transportation, and Volunteer Program Development. Counties decide which services to provide, however congregate nutrition and home-delivered meals are provided in almost every county under the HCCBG.

Any person age 60 and older is eligible for services under the HCCBG. However, the HCCBG program places an emphasis on reaching those most in need of services because the Older Americans Act (OAA) gives priority to serving the "socially and economically needy" and focuses particular attention on the low income minority elderly and on older individuals residing in rural areas. Additionally, the OAA calls for reaching out to older individuals with severe disabilities, limited English-speaking ability, and Alzheimer's disease or related disorders (and caregivers of these individuals).

Increasing Home and Community Care Block Grant (HCCBG) Funds tied for the most frequently mentioned item during the public hearings in Lake Lure on October 14, 2008 and in Lumberton on October 27, 2008. Increasing the HCCBG is also a recommendation of both the North Carolina Senior Tar Heel Legislature and the Governor's Advisory Council on Aging. The Senior Tar Heel Legislature recommends increasing the HCCBG by \$5 million dollars and the Governor's Advisory Council recommends increasing it by \$7 million.

According to the Division of Aging and Adult Services, \$31,878,452 has been authorized for the Home and Community Care Block Grant for the 2008-2009 State fiscal year. Of the \$31,878,452 authorized, \$29,878,452 has been allocated. Although the General Assembly approved a \$2 million funding increase for the HCCBG for the 2007-2008 fiscal year, the increased funds have not been distributed to the counties. Due to the current economy, the Governor requested State agencies to hold back funds a certain percentage of their budgets. Since the Division of Aging and Adult Services, Department of Health and Human Services, had not allocated the increased HCCBG funding, this funding is being held. The Study Commission on Aging is aware of the increasing numbers of older adults, increased needs due to the current economy, and the increased cost of providing services and recommends that the General Assembly increase funding for the HCCBG.

Recommendation 3: Senior Center Funding

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The Study Commission on Aging recommends that the General Assembly appropriate an additional \$750,000 for both FY 2009-2010 and FY 2010-2011 to the Division of Aging and Adult Services, Department of Health and Human Services for certified senior centers.

Background 3: Senior Center Funding

The Division of Aging and Adult Services presented the Commission with an update on senior centers during the October 23, 2008 meeting. A portion of the presentation focused on the Senior Center Certification Program which is a voluntary, self-evaluation process designed to strengthen capacity of senior centers by providing measurable indicators. The process examines and promotes best practices in the following five major operational areas:

1. Outreach and access to services.
2. Programs and activities.
3. Planning, evaluation and input from older adults.
4. Staffing.
5. Operations (including training) and physical plant.

The State supports senior centers by funding the Senior Center Outreach and General Purpose funds. The Senior Center General Purpose fund was initiated in 1997 and is used for any purpose that supports operations or development including: equipment purchases/repairs, building maintenance, supplies, administrative costs, activities, and construction.

There are two levels of certification: Center of Merit and Center of Excellence. Of the 164 senior centers in North Carolina: 61 (37%) are Centers of Excellence, and 5 (3%) are Centers of Merit. Senior Centers receive funding in "shares" – one share for uncertified centers, two shares for Centers of Merit, and three shares for Centers of Excellence.

Research has found that certified senior centers are significantly more likely to serve more men, ethnic minority groups, the oldest old, and those with sensory impairments. A survey conducted by the Division of Aging and Adult Services found that 40% of the centers surveyed indicated that increased funding alone, or in combination with other benefits, was the greatest benefit of certification.

Senior Centers are recognized as focal points in the community for older adults. In the coming years, these centers will be serving increasing numbers of older adults and will be required to offer a wider range of programs to meet the diversity represented in the baby boomer generation and generations before it. Increased funding for senior centers tied as the most frequently mentioned item during the recent public hearings. The Senior Tar Heel Legislature recommends a \$2 million increase in senior center funding and the Governor's Advisory Council on Aging recommends an additional \$1 million in funding.

As mentioned above, the State supports senior centers by funding the Senior Center Outreach and General Purpose funds.

- For the 2008-2009 State fiscal year, Senior Center Outreach Funding is: \$100,000. Senior Center Outreach funds are distributed evenly to all 17 AAA regions and amounted to \$5,882 per region this year.
- Total General Purpose funding is \$1,687,088, broken out as follows:
State Funding: \$1,265,316
Local Funding Match: \$421,772
 - The distribution for General Purpose Funds for 2008-2009 is as follows:
\$4,363 for noncertified centers (98 centers)
\$8,726 for Centers of Merit (6 centers)
\$13,090 for Centers of Excellence (60 centers)

The Commission on Aging recognizes the vital role of senior centers in North Carolina communities and the advantage of certified centers. Therefore the Commission recommends the General Assembly encourage senior centers to become certified by providing an additional funding incentive for certified centers.

Recommendation 4: Adult Protective Services Pilot Program

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The Study Commission on Aging recommends that the General Assembly appropriate \$2,208,763 for FY 2009-2010 and \$2,162,409 for FY 2010-2011 to the Division of Aging and Adult Services, Department of Health and Human Services, to fund a two-year pilot program to assess proposed changes to the adult protective services statutes, and require the Division to make an interim report in April 2010, and a final report on the evaluation of the pilot by October 1, 2011.

Background 4: Adult Protective Services Pilot Program

The Division of Aging and Adult Services presented an overview of adult protective services generally, and the Adult Protective Services (APS) Pilot Program during the September 24, 2008 meeting.

During the presentation, A Fact Sheet from the National Center on Elder Abuse was given to the Commission. The Fact Sheet contained the following bulleted points from studies about the prevalence of elder abuse:

- According to the best available estimates, between 1 and 2 million Americans, age 65 or older have been injured, exploited, or otherwise mistreated by someone on whom they depended for care or protection.
- Data on elder abuse in domestic settings suggest that 1 in 14 incidents, *excluding* incidents of self-neglect, come to the attention of authorities.
- Current estimates put the overall reporting of financial exploitation at only 1 in 25 cases, suggesting that there may be at least 5 million financial abuse victims each year.

The Division's presentation noted that North Carolina was one of the first states to enact the elder abuse law contained in Article 6, Chapter 108A of the General Statutes. Under North Carolina's current system, all reports of abuse, neglect and exploitation must be made to county departments of social services.

An Adult Protective Services (APS) Task Force met from 2002-2006 and issued a report. The APS Clearinghouse Model: NC's System of Protection, is the product of the collaborative effort among the Division of Aging and Adult Services, the NC Association of County Directors of Social Services, representatives from the Attorney General's office, stakeholders, and other interested parties. Recommendations from the report included funding to design, evaluate, and implement a time-limited pilot program of APS reform. The funding recommendation includes increased staff for nine pilots in county departments of social services, public awareness and education campaigns, essential services, and an evaluation. The goals of the APS Clearinghouse Model are to: increase NC's ability to reach out to citizens to offer voluntary services; enable NC to respond to high risk situations before harm occurs and provide the opportunity to assist older adults who are victimized, but not incapacitated; allow APS to intervene before the adult's health deteriorates to life-threatening levels; and allow APS to provide information and services to a greater number of adults.

Enacting and funding the Adult Protective Services (APS) Clearinghouse Model Pilot was the fourth most frequently mentioned item during the public hearings in the Fall of 2008. The Governor's Advisory Council on Aging also includes a recommendation for the Adult Protective Services Clearinghouse Model in their recommendations to the 2009 General Assembly. The Commission urges the General Assembly to protect some of North Carolina's most vulnerable citizens and once again recommends the authorization and funding of an adult protective services pilot program using the recommendations of the task force.

Recommendation 5: Special Care Dentistry

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5a. The Study Commission on Aging supports continued efforts by the Division of Medical Assistance, Department of Health and Human Services, to increase the number of dental care providers serving special care populations.

5b. The Study Commission on Aging recommends that the General Assembly direct the Division of Medical Assistance, Division of Public Health, and the Division of Aging and Adult Services, Department of Health and Human Services, to collaborate with the UNC and ECU Schools of Dentistry, the North Carolina Dental Society, and current special care providers to examine the limited dental care options for special care populations and to make recommendations for improvement to the Study Commission on Aging and the Public Health Study Commission on or before February 1, 2010.

5c. The Study Commission on Aging recommends that the General Assembly appropriate \$200,000 for both FY 2009-2010 and FY 2010-2011, to the Division of Public Health, Department of Health and Human Services, to purchase an additional mobile dental unit in each fiscal year for a new or existing non-profit mobile dental care provider who must operate the mobile dental unit to serve special care populations, the frail elderly, and developmentally disabled, in geographic areas of the State that are not currently served by mobile dental units.

Background 5: Special Care Dentistry

On October 23, 2008, the Study Commission on Aging heard presentations from the Division of Medical Assistance on Access to Medicaid Dental Services for Elderly and Special Care Recipients. The presentation pointed out that people with disabilities and the institutionalized aged often have more dental disease, more missing teeth, and more difficulty obtaining dental care than other segments of the population. Persons with developmental disabilities residing in community settings have significant unmet health care needs, including oral health needs, and the situation is worse for the aged and disabled living in rural and remote areas. The presentation pointed out that a 2000 Surgeon General's report, *Oral Health in America*, noted that although there have been gains in oral health status for the population as a whole, they have not been evenly distributed across subpopulations. Profound disparities for dental care exist among racial and ethnic minorities, individuals with disabilities, elderly persons, and individuals with complicated medical and social conditions. The Medicaid program in North Carolina is one of a minority of states that offers comprehensive dental benefits for adults. The Division's presentation also explored the possible use of a Special Needs Code for behavior management.

Additionally, the Commission also heard a presentation from Access Dental Care on Dental Care for Special Populations. The Commission heard that the mission of Access Dental Care is to: provide comprehensive dental care at a level equal to that in the community, provide education to all care providers, to produce data for research, and to work with policymakers to make dental care more accessible for special needs populations. When Access Dental Care provides care through a mobile dental unit they are responsible for the following: scheduling regular visits to the facility, billing for all treatment rendered, providing education for facility staff on daily oral care, communicating treatment needs to responsible parties, and Medicaid prior approvals. Facilities they serve have the following responsibilities: paying a program fee of \$6.00/bed/month, providing a 20'x20' space with electrical outlets and a sink for the dental team to use as a treatment area on the day of the visit, providing a liaison to assist the dental team, and supporting the facility staff with a daily oral hygiene program. The following is a breakdown of the type of care provided by Access: 68% preventive and diagnostic, 12% restorative, 12% oral surgery, 5% removable prosthetics, 3% periodontal, <1% endodontic, and <1% fixed prosthetics. The presentation by Access reminded the Commission that oral health is related to systemic health including the following issues: diabetes, heart disease, respiratory disease, prosthetic devices, behavioral and psychosocial status, osteoporosis, breast cancer, prostate cancer, and Paget's disease. Additionally during the presentation, Access Dental Care made three requests which are represented by the Commission's recommendations on special care dentistry.

Recommendation 6: Adult Day Care Reimbursement Rate Increase

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The Study Commission on Aging recommends that the General Assembly appropriate an additional \$1,059,561 for both FY 2009-2010 and FY 2010-2011, to the Division of Aging and Adult Services, Department of Health and Human Services to provide a \$5.00 per day rate increase for adult day care and adult day health care.

Background 6: Adult Day Care Reimbursement Rate Increase

During the October 23, 2008 meeting, the Study Commission on Aging received an update on adult day care from the Division of Aging and Adult Services, heard concerns expressed by the NC Adult Day Services Association, and heard a presentation by a caregiver with a loved one that benefits from the services of adult day care.

Adult day care provides supervision to adults with cognitive or physical disabilities for less than 24 hours in a place other than their usual residence. Adult day health services provide supervision and health care monitoring by a nurse to adults with cognitive or physical disabilities for less than 24 hours in a place other than their usual residence. There are 100 adult day programs in 55 North Carolina counties: 40 adult day care (social model programs), 56 adult day care/adult day health (combination programs), and 4 adult day health programs.

Adult day services are funded by State dollars through the Home and Community Care Block Grant (HCCBG), the State Adult Day Care Fund (SADCF), and through the Community Alternatives Program (CAP/DA and CAP/ MR-DD) under Medicaid. Medicaid covers adult day health services under CAP/DA and CAP/MR-DD Waivers.

In the 2007-08 fiscal year, the HCCBG provided funding for 1,008 clients to be served by adult day care and adult day health care. In the 2007-08 fiscal year, the SADCF provided funding to serve 1,380 clients in adult day care and adult day health care. Of all adult day participants, 68% receive public funding and there are currently 115 North Carolinians waiting for assistance to attend adult day services.

Using a one year data collection cycle, the Division of Aging and Adult Services reported that based on provider reported costs: adult day care costs providers \$52.00 per day, adult day health costs providers \$91.00 per day, and the combination model costs \$50.00 per day. (According to the Division, the four adult day health model programs often serve profoundly developmentally disabled adults which causes the costs to be significantly higher than the combination models which often serve a group of individuals that are not as disabled.) The rate the State pays for adult day care is \$33.07 per day and \$40.00 per day for adult day health care. The difference between the cost to providers and the rate the State pays is approximately \$19 for adult day care and \$41 for adult day health care.

During the presentation on October 23, the North Carolina Adult Day Services Association requested that the daily reimbursement rate for adult day services be increased by five dollars (\$5.00) per day

The Study Commission on Aging recognizes the importance of respite for caregivers and the savings to the State for delayed or avoided institutionalization and recommends the General Assembly support an increase in adult day care and adult day health care reimbursement rates. Additionally, increased funding and support for adult day services was the fifth most frequently mentioned item during the public hearings in the fall of 2008.

Recommendation 7: Funds for Project C.A.R.E.

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The Study Commission on Aging recommends that the General Assembly appropriate \$500,000 for both FY 2009-2010 and FY 2010-2011, to the Division of Aging and Adult Services, Department of Health and Human Services, to fund Project C.A.R.E. with the intent that this funding shall become part of the continuation budget.

Background 7: Funds for Project C.A.R.E.

The Study Commission on Aging recommended that the 2008 Session of the General Assembly appropriate \$500,000 for the 2008-2009 fiscal year, to fund Project C.A.R.E. (Caregiver Alternatives to Running on Empty) which provides support to individuals with dementia and their caregivers. The budget contained \$500,000 for FY 2008-2009 in non-recurring funding for Project C.A.R.E. This funding sustained existing program sites serving 14 western and piedmont counties.

On October 23, 2008, the Study Commission on Aging heard an update on Project C.A.R.E. from the Division of Aging and Adult Services, Department of Health and Human Services. The Division reminded the Commission that the goal of Project C.A.R.E. is to increase quality, access, choice and use of respite and support services to low-income rural and minority families caring for a person with dementia at home. The program provides an annual spending cap of \$2,500 per family, a variety of care options (including adult day, group respite, and private or agency in-home care or overnight residential respite), and it is consumer-directed and flexible. During the presentation, the Division pointed out that Project C.A.R.E. is a nationally recognized best practice model with demonstrated success for over seven years. The program has an impact on families with a loved one who has dementia by strengthening the capacity to provide care at home longer, without jeopardizing the caregiver's health and well-being. It increases business and dementia care training for local respite care providers, and it develops dementia-capable networks in communities that have an increased knowledge, understanding, and awareness of dementia and the needs of caregivers. Project C.A.R.E. also saves State money by delaying or preventing early institutionalization.

On October 1, 2008, the Division of Aging and Adult Services received a new 3-year federal Alzheimer's demonstration grant. The new federal project will enhance Project C.A.R.E. Family Consultant services and expand the program into eastern North Carolina. The initial expansion prioritizes counties with high numbers of low-income, rural, and/or minority families with an ultimate goal of statewide implementation.

Providing recurring funds for Project C.A.R.E. was the third most frequently mentioned item during the public hearings conducted in October, 2008. The Governor's Advisory Council on Aging and the North Carolina Senior Tar Heel Legislature both support funding for Project C.A.R.E.

On October 1, 2008, the Commission learned that the new federal funds can no longer be used for traditional respite care services. The Commission recognizes the benefits of Project C.A.R.E. and supports recurring funding. The Commission also realizes that recurring State funds are critical to ensure the availability of respite care services to Project C.A.R.E. families.

Recommendation 8: Increased Numbers of Older Adults

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The Study Commission on Aging recommends that the UNC Institute on Aging and the Division of Aging and Adult Services, Department of Health and Human Services, take a leadership role in helping North Carolina prepare for increased numbers of older adults by: 1) organizing and facilitating meetings of gerontologists, researchers, county representatives, directors of Area Agencies on Aging, and providers of State services, to collectively identify and prioritize issues the State needs to address; and 2) working with the Association of County Commissioners, the UNC School of Government, higher education departments of municipal and regional planning and their partners, and Area Agencies on Aging to establish a website containing: a) information on fostering retiree and volunteer involvement, and b) models of local planning efforts, in order to assist municipalities in addressing accessibility and service delivery for increasing numbers of older adults. The Institute on Aging and the Division of Aging and Adult Services shall make progress reports to the Governor and the Study Commission on Aging on or before March 1, 2009, and on or before November 1, 2009.

Background 8: Preparing for Increased Numbers of Older Adults

On November 12, 2008, the Study Commission on Aging was joined by the Joint Study Committee on Local Social Services Issues for a meeting devoted to the State's preparation for increased numbers of older adults.

During this meeting the members of both the Commission and the Joint Committee heard presentations on the history of SB 1803 and HB 2324 Statewide Aging Study. These bills were recommended to the 2008 General Assembly by the Commission, but were not enacted. The bills were in response to a report required by S.L. 2007-355, Section 2. The report presented by the Division of Aging and Adult Services on January 24, 2008, recommended a statewide study. In response the Commission recommended SB 1803 and HB 2324 which established a 21-member steering committee to oversee the design and implementation of surveys and studies that would guide policy and program development in an effort to ready North Carolina for its growing older adult population. The 2008 bills contained an appropriation for \$175,000 to fund positions to support the steering committee and \$3,820,000 to fund surveys and local planning efforts.

Next, the November 12 meeting featured a presentation by the Director of the Division of Aging and Adult Services on current forecasts and the importance of planning. It was noted that between 2000 and 2030 the population growth for the State as a whole is projected at 52.5%, while the population age 65 and older is expected to grow 123% and those age 85 and older by 146%. The presentation also pointed out that a national report, *The Maturing of America: Getting Communities on Track for An Aging Population*, cited that, "...only 46% of American communities have started addressing the needs of the rapidly increasing aging population." It was mentioned that the report concluded, "that local governments...as yet do not have the policies, programs or services in place to promote the quality of life and the abilities of older adults to live independently and contribute to their communities for as long as possible..."

The Commission and the Joint Committee heard from the Director of the Center on Aging, East Carolina University, on anticipated changes in North Carolina's older adult population and suggestions on ways to prepare. The Commission and Joint Committee heard from Ashe County and the Town of Davidson on their local planning efforts, the processes they used, their findings, and how they plan to implement changes. The meeting closed with a panel discussion featuring representatives from AARP-NC, UNC Institute on Aging, North Carolina Association of County Commissioners, and the NC Association of Area Agencies on Aging. The panel participants agreed on the importance of increasing the awareness of the need to plan for larger numbers of older adults and the need for technical assistance and resources when planning.

Due to the current economy, it is unclear whether the State would be able to support a 21-member steering committee and the appropriations required by the 2008 Session bills, SB 1803 and HB 2324. Regardless of the economic situation, the need to prepare remains. As such, the Commission recommends that the State rely on the strength and leadership of the UNC Institute on Aging and the Division of Aging and Adult Services to pull together researchers and educators connected to the State's institutions of higher education and the leadership of Area Agencies on Aging, counties, and local communities to collectively identify and prioritize issues the State needs to address, and to establish a website containing information on retiree and volunteer involvement and models of local planning efforts.

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The Study Commission on Aging recommends that the General Assembly direct the Division of Health Service Regulation and the Division of Aging and Adult Services, Department of Health and Human Services, to assemble a workgroup of adult care home specialists and long-term care ombudsmen that work with adult care homes serving significant populations of both mentally ill residents and the frail elderly, to develop short-term and long-term strategies for improving the quality of care for all residents, and to make recommendations to the Study Commission on Aging on or before August 1, 2010.

Background 9: Adult Care Home Mixed Population Workgroup

Several studies have been conducted on the issue of mentally ill residents in adult care homes, a number of avenues have been explored, and there are several efforts underway, including development and implementation of a screening tool. However, addressing issues related to mentally ill individuals in adult care homes or the mixing of frail elderly individuals and young mentally ill individuals continues to be an issue of concern. This issue was the third most frequently mentioned item during the public hearings conducted by the Commission this fall. The Commission recognizes that adult care home specialists and long-term care ombudsmen are often involved in the issues that are created by the combination of young mentally ill individuals and the frail elderly. These employees may also be some of the State's best resources for solutions because they are familiar with the issues and with the rules and regulations for adult care homes. As such, the Commission sees merit in assembling a workgroup of adult care home specialists and long-term care ombudsmen to develop short-term and long-term strategies for improving the quality of care for all residents.

Recommendation 10: Adult Care Home Quality Improvement Pilot Program on Medication Safety

Recommendation 10: Adult Care Home Quality Improvement Pilot Program on Medication Safety

The Study Commission on Aging recommends that the General Assembly direct the Division of Aging and Adult Services, Department of Health and Human Services, for FY 2009-2010 and FY 2010-2011, to use the recurring funding associated with the Adult Care Home Quality Improvement Program to accomplish the following: 1) a post pilot analysis to determine whether medication safety is sustained after the initial phases of the medication safety pilot program and to develop findings on what fosters or prohibits sustained improvements; 2) utilization of the lessons learned from this medication safety pilot to deliver medication safety training sessions, train the trainer programs, or online training in adult care homes that did not participate in the pilot program; 3) evaluation of the effectiveness of this training; and 4) an interim report to the Study Commission on Aging on or before February 1, 2010, with a final report due on or before October 1, 2010.

Background 10: Adult Care Home Quality Improvement Pilot Program on Medication Safety

On December 3, 2008, the Study Commission on Aging heard a presentation on the Adult Care Home Quality Improvement Consultation Program pilot on medication safety. The pilots involved the voluntary participation of Departments of Social Services (DSS) from the following counties: Alamance, Buncombe, Nash, and Rutherford. The pilot featured two phases, Phase I took place from May 2007 to February 2008 and included 19 adult care homes and 8 family care homes. Phase II is taking place from January 2008 to June 2009 and includes 29 adult care homes and 25 family care homes. Both Phases involved 10 DSS Quality Improvement Consultants. The pilot program focus included: improved medication safety, administration and documentation in adult and family care homes; fostering partnership and collaboration among the pilot participants and DSS staff in an effort to improve care; and a non-regulatory approach providing consultation and technical assistance. Both phases of the pilot program showed improvements in elements of medication management and safety. Challenges of the program include high staff turnover in the homes, an initial lack of "buy in" and a realization of the benefits of the program, difficulty keeping staff in the homes engaged in the program, and issues related to ability of the DSS consultants to build trust while monitoring the homes.

The presentation highlighted the following program strengths: increased resident satisfaction and knowledge of medications, emphasis on resident rights, ongoing medication management training for staff increased knowledge and skills, and the sharing of knowledge among homes, as well as others. The presentation reported that DSS consultants and adult and family care home staff value the Quality Improvement Program, medication administration systems are showing improvement, and residents and families report increased satisfaction with medications. Total funding for the pilot was \$364,000, which included \$264,000 in non-recurring funds and \$100,000 in recurring funds for a contract with the Carolinas Center for Medical Excellence. Those staff involved with the pilot believe that continued funding of the program in existing homes is required in order to sustain improvements.

While the pilot has shown improvement with medication safety, the annual cost for the homes in four counties and the need for continued funding after they finish the pilot makes statewide expansion somewhat cost prohibitive. However, there may have been lessons learned during this pilot that can be utilized by staff in all adult care homes. Therefore, the Commission recommends that the \$100,000 in recurring funding be used to provide a post pilot analysis to determine whether medication safety is sustained after the active pilot program has ceased. This analysis should be used to develop findings on what fosters or prohibits sustained improvements. Using the lessons learned from this pilot, the recurring funds should also be used to deliver and evaluate the effectiveness of medication safety training sessions and train the trainer programs in adult care homes that did not participate in the pilot program.